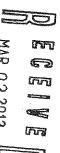
SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Washburn, WI 5 (715) 373-6138 P.O. Box 58 Bayfield County Zoning Department WI 54891

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Bayfield Co. Zoning Dape MAR 02 2012

Amount Paid: Application No.: 13-0198 Zoning District 6 00 T \$250 RPB, o C

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with adminishering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner or Authorized Agent (Signature) INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department. Address to send permit □ Residential Other (explain) □ Residential Accessory Building Addition (explain) ☐ ★ Residence w/deck-porch (# of bedrooms) ☐ ★ Residence or Principal Structure (# of bedrooms) Fair Market Value Structure: Is your structure in a Shoreland Zone? Address of Property / ☐ Residential Accessory Building (explain) □ Residential Addition / Alteration (explain) □ * Residence w/attached garage (# of bedrooms) Property Owner Volume Gov't Lot Legal Description LAND USE Use Tax Statement for Legal Description See Notice on Back Residence sq. ft Pate 6-21-Residence sq. ft. Residence sq. Mitigation Plan Required: Yes Inspection Record: Reason for Denial: Permit Issued: Condition: DRUMMEND, 910 ecid for Issuance New FAILURE TO OBTAIN A PERMIT $\underline{\text{or}}$ STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN $\underline{\text{PENALTIES}}$ 200 SANITARY [] 195,000 Page Ō, NE1/4 of 30 Po Sex 7// of Deeds Addition PRIMICAD COMMONIC (Home) Ш 8 decision t Deck(2) sq. ft Forch sq. 10 Block Garage sq. ft Square Footage Yes 🛛 PRIVY 🔾 5483 ₹ |X| was ext APPLICANT — PLEASE COMPLETE REVERSE SIDE Jan Des Permit Number 10-019% county ordinanc 1/4 of Section Thummons State Sanitary Number 8 Existing Parcel I.D. CONDITIONAL USE Subdivision 1/3:040) Trova. Signed officialis MA 04-018-2-45-0 Township ☐ External Improvements to Accessory Building (explain) ☐ External Improvements to Principal Building (explain) ☐ Special/Conditional Use (explain) ☐ Commercial Other (explain) ☐ Commercial Accessory Building Addition (explain) ☐ Commercial Accessory Building (explain) ☐ Commercial Principal Building Addition (explain) M. Commercial Principal Building SHOWEY RESTROOM LAUNDRY ☐ Mobile Home (manufactured date) Sanitary: Basement: Distance from Shoreline: greater than 75' 💢 75' to 40' 🔲 less than 40 📋 Written Authorization Attached: Authorized Agent RUNE DEEL INCS Contractor Type of Septic/Sanitary System 18.875 SPECIAL USE New Ύes 1 Permit Denied (Date) CSM# North, Range Date of Inspection 8 Existing Variance (B.O.A.) # Ŷ Yes 💢 ATTACH
Copy of Tax Statement or

(If you recently purchased the property
Attach a Copy of Recorded Deed) B.O.A. Date 65-003 West Town of Rumby Number of Stories Date of Approval 8 Privy _(Phone) (Phone) 15 734-1001 OTHER -8-13 2000 40.62 7396533 City

water Staff



DRUMMOND ROAD RV PARK AND TRAILHEAD